



What works? What fails?

FINDINGS FROM THE NAVRONGO COMMUNITY
HEALTH AND FAMILY PLANNING PROJECT



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Navrongo Health Research Centre

POOLING RESOURCES, PULLING TOGETHER

The Kassena-Nankana District is leading the way in establishing an effective and sustainable system of providing community health nurses in support of the national Community-based Health Planning and Services (CHPS) Initiative. The District is starting a Day Community Health Nurses Training School in Navrongo. Scarcity of nurses has earlier been identified as the biggest obstacle impeding the effective operation of door-to-door health service delivery. The Navrongo plan is a collaborative work between four identifiable stakeholders who have combined their forces.

Navrongo Health Research Centre

The NHRC has a pool of social scientists, computer scientists, public health nurses, reproductive health practitioners, and communications specialists from which teaching staff for the school will be drawn. The Centre has a library, which will be upgraded for student use. A canteen is also available at the Centre's premises and students will be allowed to use this facility. Computer sessions will be arranged in the Centre for students.

District Health Management Team

The DHMT will offer office space; team members will participate in the training and supervision of trainee nurses.

District Assembly

The Kassena-Nankana District Assembly will facilitate the acquisition of land as well as sponsor some students from the district. The Assembly will also engage student tutors from tertiary institutions to provide extra study for students to enable them to pass their final examinations and qualify for admission into the school.

Traditional Authority

The chiefs and elders are very interested in the idea and agreed to take girls' education seriously; they will release land for the construction of permanent structures for the school.



Working together works — stakeholders sharing ideas
on the Navrongo Day Nurses Training School

STRATEGIES

Consultative meetings: Consensus-building meetings have been arranged with the Regional Minister, the District Chief Executives, Coordinating Directors, District Health Management Team members in the region, and other stakeholders. Meetings will also be held with the Nurses' and Midwives' Council to solicit their views and guidelines for setting up the school. Personnel from the Council will be invited to Navrongo to meet with the Regional and District health directorates as well as the District Assembly and inspect the school premises.

Study tours to Community Health Nurse Training Schools: Visits aimed at interacting with authorities and developing lessons will be paid to Esiamah in the Western Region where a school opened last year. Visits will also be paid to traditional nurse training schools such as in Tamale and Akim Oda.

Rehabilitation of existing structures: To minimize delay, an interim training facility will be borrowed from the DHMT and renovated for classroom, library, and office accommodation.

Orientation of teachers: Teaching staff will be oriented in teaching methods and subject content. Lecturers from the University of Cape Coast and resource persons on teaching methods will be invited for intensive orientation.

Acquisition of Teaching/Learning material: Requisite teaching and learning materials are to be identified with the assistance of the Nurses' and Midwives' Council. Regional and Central Medical Stores will be the main sources while Cooperating Agencies remain a potential resource.

Curriculum development and entrance examination: The same curricula used in the traditional Community Health Training Schools will be used—with modifications to emphasise increased fieldwork and practical experience. Since the entrance exam for

2002 has already been conducted by WAEC, regional candidates will be recruited who previously have not been granted admission to Tamale or other schools due to lack of space. If the required number of students has then not been met the Human Resources Directorate (HRD) will be requested to conduct a similar exam for 30 students who will be selected from the region. Each district will be given a quota of four students with Kassena-Nankana making up the remaining 10 spaces. Students will be bonded to stay and work in their respective districts for at least five years after completion before they will be eligible for transfer outside the district. They will also be required to work for three years before going for further training. The immediate concerns are outlined as follows:

1. **Demonstrate a “Lead District” CHO training programme for a Regional Health Administration:** At present, the CHPS initiative lacks a coherent model for developing service capacity in the 10 regions of the country. By developing a coordinated programme of CHO-certified training, the UER will demonstrate ways in which other “Lead Districts” in Ghana can develop health capacity.
2. **Demonstrate an approach to health services that solves more general reproductive health needs:** Youth employment now represents a growing crisis. In all, nearly three thousand secondary school students drop out in the region every year. Employment opportunities are often limited only to dressmaking and hairstyling. Social research has suggested that the lack of opportunities for girls may be an important factor in the rapid rise of sexually transmitted diseases, HIV/AIDS and early pregnancies among youth. Like the NHRC which now provides employment to some 400 youths in the district, the Community Health Training School will provide an occupation for at least 30 girls a year in the region.
3. **Recruitment of students:** Two options will be explored. i) Students from the UER who have passed the entrance exams but could not gain admission into the boarding schools could be recruited; ii) A special exam could be conducted by the HRD for candidates who have the required SSSCE grades before a selection interview.
4. **Certification:** Graduates of the school will take the same final examinations as students from the established community health schools and thus go through the same process of certification by the Nurses and Midwives Council.
5. **Absorption into the GHS:** It is hoped that plans will be made to recruit graduates of the school into the GHS and be paid by the Ministry of Finance.

A Community Health Nurse Training School in the Kassena-Nankana district will provide a constant stream of nurses for the Upper East Region, be a base for further developing the curricula for nurse training in the other schools, and motivate other regions to set up their own training facilities to support the national Community-based Health Planning and Services (CHPS) Initiative. When fully functional, the School will help in a substantial way to stem the tide of an estimated 500 teenage girls that leave the region every month to work in demeaning and unproductive roles as ‘Kayayoos’ and maid servants in the southern parts of the country.

Long-term Plan

1. **Stage I.** First, communities will be approached about the proposed programme, a site will be selected, and work will commence on a community-supported construction effort. (Paramount Chiefs of the District have expressed great interest in the underlying ideas of this proposal and one has offered to provide land.)
2. **Stage II.** In addition to running as a school, the site will be used as a dissemination and orientation facility for national health officials, Regional Health Administration, and District Health Management Teams. This programme will orient visitors to the opportunity of developing “Lead District-based” CHO training facilities throughout Ghana. The well-drilled nurses who have had years of experience in the programme can be counterpart supervisors and consultants to the school, serving as village mentors to trainees assigned to work in the community as CHO interns.
3. **Stage III:** It is often difficult for many girls in the three Northern regions to obtain required grades that will qualify them to enter CHN Training Schools because of poorly resourced schools, poverty on the part of parents preventing them from investing in girls’ education, and lack of role models. Sensitization, career guidance, and counseling will be vigorously carried out in Junior and Senior Secondary Schools to encourage girls who are interested in community health nursing to work toward that goal.

Send questions or comments to: What works? What fails?

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